

PART B - FEE(S) TRANSMITTAL

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20583 7590 04/17/2009

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	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/806,296	03/22/2004	Jaime A. Rabi	11874-010-999	1836

TITLE OF INVENTION: METHODS OF MANUFACTURE OF 2'-DEOXY-BETA-L-NUCLEOSIDES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	07/17/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
KRISHNAN, GANAPATHY	1623	536-124000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Jones Day 2 3
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
MICROBIOLOGICA QUIMICA E FARMACEUTICA LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
RIO DE JANEIRO, BRAZIL

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
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Authorized Signature /Kam W. Law/

Date July 16, 2009

Typed or printed name Kam W. Law

Registration No. 44,205

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